



CALIFORNIA EMS AUTHORITY
PARAMEDIC LICENSURE PROGRAM
1930 9TH STREET
SACRAMENTO, CA 95814-7043
TELEPHONE (916) 323-9875

STATE OF CALIFORNIA
PARAMEDIC LICENSE APPLICATION
INITIAL CALIFORNIA GRADUATE APPLICANT

STATE USE ONLY		
CC	_____	
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Please Type or Print Clearly

Name

_____	_____	_____
(Last)	(First)	(MI)

Address

(Street or PO Box)

_____	_____	_____
(City)	(State)	(Zip Code)

***Social Security Number**

Date of Birth

Driver's License No.

State

_____	_____	_____	_____
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*SSN is mandatory as authorized by H&S Code, Division 2.5, Section 1797.172(c). It will only be used to establish the identity of applicant and to determine if applicant is subject to denial of licensure.

Paramedic Training Program of Attendance _____

National Registry Exam Date: Written _____ Practical _____

Please include the following with your completed application: (See Instructions on the back of form.)

- **A copy of the Course Completion Certificate from your Paramedic Training Program.**
- **Documentation of passing the NREMT written and practical exams.**
- **Statement of Citizenship, Alienage, and Immigration Status (Form IS-01) with documentation as described on the form.**
- **Copy of Request for Live Scan Service (Form BCII 8016).**

Have you resided continuously in California for the past seven (7) years? Yes _____ No _____

(If No, you are required to submit fingerprints for an FBI as well as a DOJ criminal history check. Refer to instructions with live scan form.)

Are you currently a Peace Officer as defined by the California Penal Code? Yes _____ No _____

Are you currently certified as an EMT? Yes _____ No _____

If Yes, in which county or region are you certified? _____
Certification Number _____

If known, list the name(s) and address(es) of any California EMS Provider(s) with whom you will be employed when licensed

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Have you ever been convicted of any felony or misdemeanor offense in California or in any other state or place, including entering a plea of nolo contendere or no contest and, including any conviction which has been expunged (set aside) or records sealed under Penal Code Section 1203.4? YES NO

Are there any criminal charges currently pending against you? YES NO (You must answer these questions or your application will be returned.) If yes, attach a detailed statement describing the crime(s), date, location, court, sentence served, and parole if any. You must also attach any applicable court documents and police reports. If you have any convictions or charges pending outside of California, you must submit to both a DOJ and FBI criminal history check.

Have you ever had a certification, accreditation, or professional healing arts license denied, suspended, revoked, or placed on probation, or are you under investigation at this time? YES NO (You must answer this question or your application will be returned.) If yes, **you must enclose** with this application a written explanation that describes the action, any corrective action, and/or remediation as a result of the action.

I hereby certify **under penalty of perjury** that all information on this application is true and correct to the best of my knowledge and belief, and I understand that any falsification or omission of material facts may cause forfeiture on my part of all rights to paramedic licensure in the state of California. I understand all information on this application is subject to verification, and I hereby give my express permission for the EMS Authority to contact any person or agency for information related to my role and function as a paramedic in California.

SIGNATURE OF APPLICANT _____ **DATE** _____

PHONE NUMBER: Home (____) ____ - _____ **Work** (____) ____ - _____

E-MAIL ADDRESS _____

INSTRUCTIONS FOR SUBMITTING PARAMEDIC LICENSE APPLICATION

- Fill in all requested information on the front and back of this application and sign and date the application in ink. **All incomplete applications will be returned.**
- Attach a copy of your course completion certificate from your paramedic training program.
- Attach documentation of passing the NREMT written and practical paramedic exams. You can download your exam results from the NREMT website at www.NREMT.org.
- Attach the second copy (after you have had your fingerprints done) of the Request for Live Scan Service form (BCII 8016). A list of Live Scan locations can be accessed through the DOJ website at www.ag.ca.gov/fingerprints. Refer to the Instructions for Completing Live Scan Application Submission Form for completing of the form. The results of your criminal history check will be sent directly to the EMS Authority from DOJ.
- Fill in pages 1 and 3 of the Statement of Citizenship form (IS-01 Form) and submit it with one piece of required documentation as described on pages 4 through 8 of the IS-01 form. **(Note: documentation must be original or accompanied by a notarized statement as described in the cover letter for the IS-01 form. If you would like your original documentation returned, you must submit a written request, which includes your name and address, that it be returned.)**
- Send your application, course completion certificate, copy of the Request for Live Scan Service form, IS-01 form with the required documentation, and NREMT exam results to the address listed on the front of this application, with a check or money order in the amount of **\$180 made payable to EMS PERSONNEL FUND. Do not send cash.**
- Once the EMS Authority has received and reviewed the documentation listed your paramedic license will be issued as soon as possible up to a maximum of 45 days.